

Held on Tuesday 10 January 2012 at
10.00 am in the Board Room

Minutes

Present:	Non-Executive Directors	Executive Directors (Including Board Members) (‘v’ denotes Voting Executive)
	Mr Chris Creswick (Chair) Ms Jude Ferguson Mr Grahame Paine Dr George Reah Mr Ian Turner	Mr Peter Colclough (v) Mrs Chris Bryant Mr Nick Gallegos (v) Mrs Alison Kingscott Mr Rob Little (v) Ms Julia Stroud Mr Nick Wood
Apologies:	Ms Bronwen Bishop, Mr Roger Lloyd, Dr Tricia Woodhead	
In Attendance:	Mrs Margaret Blackmore, Mr Stephen Buswell (LINK), Mrs Julie Fisher, Mrs Caroline Welch	

The Meeting commenced at 10.02 am

Actions

693.12 Declarations of Interest

There were no declarations of interest.

694.12 Consent Agenda

**Minutes and Matters Arising from the Meeting held on
Tuesday 6 December 2011**

The minutes were agreed as a correct record subject to the following amendments:

Present – Mr Peter Colclough should be shown as a voting member.

Mrs Margaret Blackmore had been present at the December meeting of the Trust Board.

684.11 – Chief Executive’s Report – The second paragraph should read “three week period”.

Actions

686.11 – Clinical Quality Report to include Quarterly Patient Experience Report – The fifth paragraph to be amended to reflect correct discussion held at the Board Meeting:

“Dr Reah was surprised to read that although eligibility for CQUIN payments is determined by passage through a structured gateway process consisting of key performance indicators these had still not been agreed with the Primary Care Trust.

Mr Bramley acknowledged this had been a problem, advising that the Trust has been working with the Primary Care Trust to agree targets based on the data which was collected during Quarter 1. He recognised that targets not set in advance may lack credibility and objectivity”.

The Consent Agenda was formally approved.

695.12

Chief Executive’s Report

Mr Colclough presented his Chief Executive’s Report, referencing the two attachments included for information in relation to the Integration Project Plan. Mr Colclough advised that timescales within the Plan are very ambitious for two reasons. Firstly, there is a relatively narrow window within which to complete the work and secondly, it is safe to assume that as the Project Workstreams progress they will demand consultation and engagement and therefore it would seem prudent to leave sufficient time to complete the process. Mr Creswick made reference to the Project Brief produced by Ms Bishop and the sequence of actions it sets out, which will be discussed further at this evening’s Integrated Care Programme Board Meeting. For the Board’s reassurance, a summation of the progress of the Project will be provided at future Trust Board Meetings. Mr Colclough confirmed that the Avon and Wiltshire Mental Health Partnership NHS Trust are now involved with the Project where required.

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Dr Reah noted that the Project is progressing in parallel with the development of next year’s budgets and sought reassurance that the impact of integration work is included as the financial challenge is massive and how the Project plays out would appear to be uncertain pending further work. Mr Colclough advised that there is significant funding for transition, and suggested that the Health Community Summit on Monday 30 January 2012 would provide further agreement.

Actions

Mr Creswick provided brief feedback following the meeting of South of England Chairs and Chief Executives held last Thursday, 5 January 2012, and Sir Ian Carruthers' message suggesting that we would now see a degree of movement within the year, supported by Strategic Health Authority thinking.

Mr Paine welcomed regular update in terms of the Integrated Care Project and in particular recognised the challenges facing the Engagement Strategy Workstream. Mr Creswick commended the work of this group, which is to be discussed at this evening's meeting and will then be relayed to the Trust Board. Mrs Welch addressed the Board, confirming that there will be a number of briefings scheduled over the coming weeks, with Key Messages to be produced on a monthly basis, reflecting Mr Paine's concern for consistent and timely communication.

Focusing on Discharge and Reablement, the Board were pleased to hear of the recent announcement of a further £150m to be available nationally this year, channelled through the Primary Care Trusts. Mr Wood confirmed that he is meeting with NHS North Somerset this week, and will ensure that the needs and requirements of this Trust are fully communicated.

696.12 Topical Issues

Mr Creswick referred back to the meeting of South of England Chairs and Chief Executives, and the three key messages arising from this – Safety, Quality and Money.

Mr Gallegos, his colleagues and the Research and Development Team were commended for their recent National award.

697.12 Clinical Quality Report to Include CQC Registration Compliance Update

Mr Gallegos presented the Clinical Quality Report which builds on the style presented at last month's Trust Board Meeting. This month's report updates the Board on key areas of Clinical Quality within the Trust.

The Board received a verbal update from Mr Gallegos in relation to a recent spot audit on Length of Stay and related issues which has been undertaken, with details to be circulated separately.

NG

Actions

Discussion regarding discharge problems was focussed on community wards and nursing home beds, with Mr Creswick asking whether mechanisms are in place for shifting expenditure into buying nursing home beds and whether such a move would be helpful. Mr Colclough advised that North Somerset Council is currently placed second in the country for having the highest number of nursing home beds and that there is a problem in that those moved to nursing homes, unless they are professionally and medically managed as rehabilitation facilities, can remain in those facilities.

The work currently being undertaken by Workstream 1 in relation to case/care management of the most vulnerable was discussed, along with the support from both Community and Hospital Teams to ensure that patients are in the right setting.

Mrs Bryant drew attention to the National programme 'Choose Well', which encourages members of the public to choose wisely and look at other alternatives to hospital attendance.

Mr Gallegos advised that mortality rates continue to remain favourable, with the latest statistic due at the end of this month. Mr Creswick expressed concern about conflicting reports in different publications which can provide fuel for speculation from individuals who do not understand the figures being printed. He hoped the Trust could state its own position with confidence in the new context of the various mortality rates.

The Board were pleased to learn of the Trust's improvement in performance for managing Fractured Neck of Femur.

Ms Stroud advised that the Trust now has seventeen reported cases of Clostridium Difficile. She felt that sixteen was a very ambitious target to set in the first place, and in light of recent evidence of Clostridium Difficile within the Network, Ms Stroud said that we are managing rather well at reducing instances, as those being reported are isolated. Mr Colclough added that this is one of the areas where the South West is performing less well, although interestingly Great Western Hospitals NHS Foundation Trust is currently the best in the country at managing this risk. It was suggested that a small Team from the Trust should visit Great Western Ambulance Service NHS Trust by way of a

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learning exercise.

Actions

Mr Paine noted that the Board very infrequently receives patient experience feedback, although patients are frequently surveyed. Comment was acknowledged by Ms Stroud, with agreement from the Board to include a summation on a quarterly basis. Mr Colclough added that this would also form part of the new Integrated Performance Report.

JFisher

Ending on a positive note, Dr Reah was pleased to note that falls target has been achieved for the last six months.

The Board noted the Clinical Quality Report.

698.12

Performance Report

The Performance Report was taken as read, with Mr Wood acknowledging Dr Reah's recent e-mail, the detail of which would be reflected within future reporting. Key points from the report include:

- A&E performance delivered for the second consecutive month. Our activity is 'level' with last year, and remains a very challenging target for the Trust to achieve on a continuous basis.
- RTT and 18 Week Trajectory – the treatment of patients has now been agreed with the Primary Care Trust and so we should not have any patients waiting over 23 weeks and should now achieve the target of 90%.
- The 'Draft' Integrated Performance Report will be reported to the Non Executive Directors over the next few weeks, with a formal report to the March Trust Board.
- The last two weeks has seen record levels of admissions, and so to achieve year end is going to prove challenging. Plans are now being put in place around the management of the Emergency Department, which will be in line by the end of January 2012. Mr Wood remains confident that we will achieve 95% by the end of the quarter, and in terms of performance within the region, we are placed in the middle.

Mr Colclough added that he would also wish to bring the Quarter 3 regional detail to the Board as part of the Integrated Performance Report.

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Actions

Mr Creswick noted the number of 'red' people measures indicators falling below target and questioned the base levels. Mrs Kingscott confirmed the targets for last year, although we have struggled, for example to maintain an 80% Statutory/Mandatory Training Compliance since March 2011, and do therefore need to look at realistic targets, ensuring that there is, for example adequate time for staff to undertake training. Trainers and Managers are working together, and we are also talking to others within the region.

In addition, Mrs Kingscott confirmed that Appraisal Compliance is being continually monitored within performance, although this is not reflected within the figures projected. Statutory/Mandatory Training is about updating/refreshing staff, however this is not necessarily everyone's understanding.

The Board noted the Performance Report.

699.12

Finance Report

Mr Little presented the Finance Report for Month 8 (April to November 2011), advising that further aspects of the report would be discussed during the 'Closed' Session Meeting. Key points include:

- The run rate for expenditure has deteriorated in November compared to the October level.
- Expenditure is £456k above the amount budgeted.
- Pressures remain in relation to medical staffing and nursing budgets.
- Non pay expenditure is £333k in excess of budgets.

The Board were pleased to hear that nurse agency and bank expenditure had reduced significantly in November. Performance Review Meetings have been given a reinvigorated drive, with meetings being held weekly with the Divisions. Four separate QIPP workstreams have now been established, each being led by an Executive Director. There is now confidence that we will deliver the revised budget plan

this year, but still face a shortfall against the target QIPP savings.

Actions

Mr Turner made an observation on the graph on Page 14, which does not look particularly favourable. Mr Little advised that the closure of Uphill Ward has not been reflected within the figures projected and this should become clear within December's reporting. The deterioration in run rate against budget was noted again on Page 18, with Mr Colclough stressing the Trust's requirement to pull this back.

Mr Paine made reference to the QIPP Schemes identified on Page 21, noting that savings are not being made and questioning whether these are continuing. Mr Wood advised that levels of delivery against those schemes showing a zero are being reassessed in order to ascertain whether the level of savings will be delivered. Furthermore, Mr Wood confirmed that additional support is being brought in to the Trust to ensure that these projects start to deliver from April/May 2012. The Board were encouraged to learn of the action being taken.

Mr Creswick hoped that we can move towards a situation where the QIPP process is fully integrated with the normal budgetary plans and can be redirected and governed by the Finance Committee, the next meeting of which is confirmed for 17 January 2012. He added that it is commendable that we do now understand where we are and there is a degree of confidence in moving forward.

The Board noted the Finance Report.

700.12

Standing Orders, Standing Financial Instructions and Scheme of Reservations of Decisions to the Board and Scheme of Delegation

The Board's thanks were passed to Mr Little, Mr Turner and Mr Hurley in relation to work undertaken with the Standing Orders, Standing Financial Instructions and Scheme of Reservations of Decisions to the Board and Scheme of Delegation, which had been recommended by the Audit and Assurance Committee for approval by the Trust Board.

Mr Little drew the Board's attention to two inaccuracies within the report:

- Page 91 – Point 3.1 (second entry) should read “Greater than £24,999;
- Page 93 – the last entry should read “Greater than £199,999;
- There is also no delegation of power to the Finance Committee.

Actions

The Board formally approved the Standing Orders, Standing Financial Instructions and Scheme of Reservations of Decisions to the Board and Scheme of Delegation.

701.12 Quarterly Top Risks Review

Mr Gallegos presented a Review of the Quarterly Top Risks, suggesting that the final item on the Register (CORP 10) may warrant further discussion within the ‘Closed’ Session Meeting.

The Board acknowledged that Cerner Millennium at North Bristol NHS Trust had been a focus on Points West the previous evening, with the problem identified as implementation and not software. Dr Reah suggested that our own staff may need to be reassured that we are now really starting to see a benefit to implementation and the Bristol experience is not a reflection of inherent problems of Cerner. Mr Little would be updating the Board on progress in April 2012.

Mr Creswick noted that the development of Cerner Millennium is a key issue which the Board will discuss in the longer term in relation to national and local developments.

Ms Stroud provided the Board with an update in terms of the action taken against CORP 08. Progress had been made on Trust-wide tools and systems designed to achieve more effective patient monitoring and clinical ownership at ward level. Further work as detailed in the paper is awaited from external sources and will be progressed with relevant nursing and clinical leads.

Mr Gallegos advised that a Chair has now been appointed to the Drugs and Therapeutics Committee, with one meeting held thus far. He was seeking to see the Committee gain traction this year, and it was felt unfair to judge the risk mitigation at this point. Progress was however essential.

Mr Gallegos will provide an update on CORP 10 within the 'Closed' Session Meeting, however felt that failure to rescue was a disconnect between Doctors and Nurses undertaking ward rounds together, which does need to be re-established. Mr Creswick commented on the number of safety-related initiatives which are now being promoted nationally, regionally and locally and hoped that the Trust could ensure that resource was focussed on those with the greatest relevance and impact for the Trust.

Actions

Thanks were passed to Mr Lee Prosser for his input within this report.

The Board reviewed and noted the Corporate Red Risks.

702.12

Board Committees' Exception Updates

Audit and Assurance Committee

Mr Turner provided feedback following the Audit and Assurance Committee Meeting held on 14 December 2011:

- Internal Audit had reported back on three reports – Care Quality and Governance (rated 'green'), Estates Maintenance (rated 'red') and Patient Safety Failure to Rescue (rated 'amber'), with all reports being given clear action plans.
- The Audit Commission are one of the bodies which will not exist in the future, although it will be undertaking our audit this year. Thirteen firms have tendered for the work thereafter and the Trust will be advised as to who will be appointed in March to take effect from October 2012.
- The monitoring of progress against the Trust's Tripartite Formal Agreement had been discussed, with formal reporting to the Board. Mr Colclough advised that this would be included within his Chief Executive's Report for February, linking in with the Integration work.

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Quality and Governance Committee

The next meeting of the Quality and Governance Committee is Thursday, 19 January 2012, with Ms Ferguson to Chair. The Board noted that Mr Lloyd will take over as Chair of the Committee moving forward, with both Ms Ferguson and Dr Reah to remain as members. Mr Creswick reiterated the

need to ensure that momentum is not lost, recognising the difficulties that changes in responsibility, people and arrangements have created. He thanked Ms Ferguson for taking the Chair after Mrs Calverley's resignation.

703.12	Any Other Business	<u>Actions</u>
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National Dignity Day – Wednesday 1 February 2012

To mark National Dignity Day, Mrs Blackmore advised there would be a stand in the Hospital foyer on Wednesday 1 February 2012. Mrs Blackmore was also delighted to report that the Trust has finally managed to obtain female pyjamas, with thanks passed to Matron Debra Parsons.

Mr Creswick moved a motion to exclude the public from the 'Closed' Session and this was approved.

The Meeting concluded at 12.30 pm

DATE OF NEXT MEETING

Tuesday 7 February 2012 at 10.00 am in the Lecture Theatre